•	PE	PARTB	- FEE(S)	TRANSMITTAL				
Complete and send t	this for , together wa	applicable for	ee(s), to: <u>N</u>	Mail Stop ISSU Commissioner f P.O. Box 1450 Alexandria, Vir	for Patents	1450		
	\ .	<u>9</u> /	or]	Fax (571) 273-2885				
INSTRUCTIONS: This fo appropriate. All further co- indicated unless corrected maintenance fee notification	rm should be used for the trespondence ring luding with below or directed believes is a second of the control o	mitting the ISSU Patent, advance or in Block 1, by (a	E FEE and ders and not) specifying	PUBLICATION FEE (if req ification of maintenance fees a new correspondence addres	uired). Blocks 1 will be mailed t s; and/or (b) ind	through 5 sh o the current icating a sepa	nould be completed whe correspondence address rate "FEE ADDRESS"	
CURRENT CORRESPONDENCE	CE ADDRESS (Note: Use Block 1 for	any change of address)		Note: A certificate of	of mailing can or	nly be used fo	or domestic mailings of	
21559 7			Fee(s) Transmittal. T papers. Each addition have its own certifications	nal paper, such a	s an assignme	for any other accompany ent or formal drawing, n		
CLARK & ELBI 101 FEDERAL ST	REET			C I hereby certify that States Postal Service	ertificate of Mai this Fee(s) Trans with sufficient r	ling or Trans	mission g deposited with the Ur st class mail in an enve	
BOSTON, MA 02	110		I hereby certify that this Fee(s) Transmittal is b States Postal Service with sufficient postage for addressed to the Mail Stop ISSUE FEE addr transmitted to the USPTO (571) 273-2885, on the				ess above, or being facsim	
03/2005 MAHMED2 00000	015 09556246			Holly Wan	del_\	2	(Depositor's na	
FC:2501	700.00 DP	0.00 OP		2 6 17	MONO		(Signat	
FC:8001	30.00 OP				Der 31	1 Jol	55 (I	
APPLICATION NO.	FILING DATE	T	FIRST NAME	D INVENTOR	ATTORNEY D	OCKET NO.	CONFIRMATION NO.	
09/556,246	09/556.246 04/24/2000		Gregory D. Ja		50047/0	32002	7464	
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	YES	\$700		\$0	\$70)0	10/31/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS	7			
MITRA, RITA		1653 514-044000						
1. Change of correspondence CFR 1.363).	`	(1) the names of up to 3 registered patent attorneys						
Change of correspon- Address form PTO/SB/1	Correspondence	espondence or agents OR, alternatively,				Clark		
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND	RESIDENCE DATA TO E	BE PRINTED ON T	THE PATEN	T (print or type)				
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified ben 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app T a substitute	pear on the patent. If an assignment.	gnee is identified	l below, the de	ocument has been filed	
(A) NAME OF ASSIGN		,	•	CE: (CITY and STATE OR CO	,			
Rhode Islan	d Hospital, A 1	LifeSpan P	artner	Provide	ence, Rho	de Islar	ad	
				<u> </u>				
	e assignee category or catego	<u> </u>			Corporation or ot	her private gro	oup entity 🔲 Governn	
4a. The following fee(s) are enclosed: 4b 2d Issue Fee			b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.					
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # o				ector is hereby authorized by count Number		red fee(s), or lose an extra c	credit any overpaymen opy of this form).	
	(from status indicated above						· · · · · · · · · · · · · · · · · · ·	
	SMALL ENTITY status. See			cant is no longer claiming SM. ny) or to re-apply any previou				
NOTE: The Issue Fee and I	Publication Fee (if required) ords of the Upited States Pat	will not be accepted ent and Trademark	d from anyon Office.	ny) or to re-apply any previou e other than the applicant; a re	gistered attorney	or agent; or th	ne assignee or other part	
					7 . / -	>)		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Authorized Signature

Typed or printed name

Registration No.

30,162